

# NEW GROUP CENSUS

Group Name		Group Contact		Contact Phone #	
Group Address		Group City/State		Group ZIP	Group SIC
Broker/Agent Name			Broker Phone #		
Broker Street Address			Broker City/State		Broker ZIP

**Include all employees whether electing coverage or not**

	Date of Birth	Gender	# of hours worked per week	ZIP Code	Enrolling Status (see key)		Date of Birth	Gender	# of hours worked per week	ZIP Code	Enrolling Status (see key)
1	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					28	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
2	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					29	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
3	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					30	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
4	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					31	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
5	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					32	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
6	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					33	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
7	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					34	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
8	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					35	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
9	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					36	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
10	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					37	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
11	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					38	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
12	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					39	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
13	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					40	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
14	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					41	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
15	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					42	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
16	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					43	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
17	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					44	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
18	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					45	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
19	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					46	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
20	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					47	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
21	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					48	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
22	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					49	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
23	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					50	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
24	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					51	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
25	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					52	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
26	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					53	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		
27	/ /	<input type="checkbox"/> F <input type="checkbox"/> M					54	/ /	<input type="checkbox"/> F <input type="checkbox"/> M		

### Status Key

- 1 = Employee Only
- 2 = Employee + Spouse
- 3 = Employee + Child(ren)
- 4 = Employee + Spouse + Child(ren)
- W = Waiving
- N = Not eligible due to hours worked
- P = Probationary period

Employer Group Signature

X

Title

**Please submit completed census to:**

**UnitedHealthcare**  
**Attn: Commercial Sales Department**  
**P. O. Box 9005**  
**Mercer Island, WA 98040**  
**Fax: (206)230-7484**

**UnitedHealthcare**  
**Clark County, Cowlitz County**  
**Attn: Commercial Sales Department**  
**5 Centerpointe Drive, Suite 600**  
**Lake Oswego, OR 97035**  
**Fax (503) 617-2020**